L09000013664

| · |
|---|
| (Requestor's Name) |
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) L09-13664 |
| ·· · (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| <u> </u> |

Office Use Only



100159217361

08/06/09--01039--013 **35.00





August 10, 2009

LINDSEY FABIOLA 105 NW 109TH AVENUE PEMBROKE PINES, FL 33026

SUBJECT: LAOBIA FINANCIAL MULTI SERVICES LLC

Ref. Number: L09000013664

We have received your document for LAOBIA FINANCIAL MULTI SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 609A00027255

Neysa Culligan Regulatory Specialist II

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: JAOBIA FINANCIAL & TAX Services CLC. |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| FABIOLA LINGSEY Name of Person |
| La Obia Financial & Tax Services UL |
| 105 NW 109Th Avenue Apt # 303 |
| PEMBrolsE Pines F1, 33026 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| FABiola Sindsey at (954) 478 - 2411 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} & \text{(additional copy is enclosed)}\$ |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 109 SEP -8 AM 9: 83

| Robin Financial M (Name of the Limited Liability Company) | uH: Services LLC TALLAHASSEE FLORING | | |
|--|---|--|--|
| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our records.) iability Company) | | |
| The Articles of Organization for this Limited Liability Company | were filed on | | |
| Florida document number <u>L D9 000013664</u> . | • | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | llity company here: | | |
| The new name must be distinguishable and end with the words "Limit"L.L.C." | Services Ue designation "LLC" or the abbreviation | | |
| Enter new principal offices address, if applicable: | 105 NW 109Th Avenue AH#303 Pembroke Pines F1, 33026 | | |
| (Principal office address MUST BE A STREET ADDRESS) | Pembroke Pines F1, 33026 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| indiang anaress MIII BB III OSI OI I I OB BON | | | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , Florida | | |
| New Registered Agent's Signature, if changing Registered Agent: | City Zip Coue . | | |
| The state of the s | | | |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

| MGRM = Managing Member | | | | | |
|------------------------|--|--|--|--|--|
| <u>Title</u> | Name | Address | Type of Action | | |
| <u> </u> | FABIOLA Sindsey | 105 NW 109th Avenue Aft 303 Vembroke Aines Fl. 33006 | Add Remove | | |
| Tre. | Roßenson Strictor | 105 NW 109Th AVERUE AND 4303 Pembroke lines F1, 33026 | Add Remove | | |
| | | | Add Remove | | |
| · | | | Add Remove | | |
| | | | Add Remove | | |
| | | | Add Remove | | |
| D. If amend | ding any other information, enter change | (s) here: (Attach additional sheets, if necessary.) | | | |
| _ | | | MALHAHA | | |
| Dated | August 20, 200 | 59. | P-8 AM 9: 93 ETARY OF STATE HASSEE FLORING | | |
| | | or authorized representative of a member or printed name of signee | | | |

Page 2 of 2

Filing Fee: \$25.00